UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: **SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement CONCERT PHARMACEUTICALS, INC. [CNCE] Becker Marc A. (Month/Day/Year) 01/04/2018 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O CONCERT 01/08/2018 (Check all applicable) PHARMACEUTICALS, INC., 99 HAYDEN AVENUE, 10% Owner Director **SUITE 500** _X__ Officer _ Other (give title below) (specify below) (Street) 6. Individual or Joint/Group CFO, PFO

LEXINGTON, MAÂ 02421

					Reporting Person
(City)	(State)	(Zip)	Table I - Non-Deriva	ative Securiti	es Beneficially Owned
1.Title of Secur (Instr. 4)	ity		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Reminder: Report on a separate line for each class of securities benefic owned directly or indirectly.			curities beneficially	SEC 1473 (7-02)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

3235-0104 January 31, 2005 Estimated average burden hours per response... 0.5

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Form filed by More than One

Person

(Print or Type Responses)

Becker Marc A. Form 3/A

January 26, 2018

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
Becker Marc A. C/O CONCERT PHARM. 99 HAYDEN AVENUE, S LEXINGTON, MA 02	Â	Â	CFO, PFO	Â		
Signatures						
/s/ Marc Becker	01/26/2018					
**Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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Remarks:

On January 8, 2018, the reporting person mistakenly filed a Form 3 under the incorrect CIKÂ code

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.